

## **PAROLEE SERVICES NETWORK**

### **PROGRAM GUIDELINES AND TREATMENT STANDARDS**

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#### **I. OBJECTIVE**

The objective of the Parolee Services Network (PSN) program is to provide treatment to the California Department of Corrections and Rehabilitation (CDCR) parolees requiring drug and/or alcohol recovery services. Treatment may be required as a condition of parole or due to civil addict status.

#### **II. GENERAL PROGRAM REQUIREMENTS**

Contracts and subcontracts for comprehensive substance abuse treatment services shall incorporate the following requirements:

- Community based residential programs for parolees shall be licensed by the California Department of Alcohol and Drug Programs (ADP) Licensing and Certification Division. These programs may also be certified. Community based nonresidential programs for parolees shall be certified by ADP and/or ADP Drug Medi-Cal (DMC).
- Counties and/or contracted providers must maintain a **Case Management** system to assess and refer parolees to an appropriate treatment placement.
- The treatment provider will reserve space for up to 72-hours past the estimated time of arrival of the client.
- Treatment providers will not admit a parolee into the PSN program without an approval/referral from the Parole Agent.
- Parolees shall be awarded services regardless of the length of parole time remaining. It is the expectation of CDCR/OSATS that County services will be provided once the PSN funding is no longer available. The Counties must make every effort to provide continued services under county funded resources.
- Parolees are required to participate in substance abuse detection activities as a condition of inclusion in the program. Substance abuse detection activities (for example body specimen screens) are to be conducted by CDCR. If the contract treatment provider conducts the substance abuse detection activities in addition to those conducted by CDCR, these activities are not reimbursable. Programs shall coordinate with CDCR staff in these activities.
- In an effort to maximize PSN funds, DMC eligible parolees should be referred to DMC certified programs. If DMC services are not available, program participants will be referred to the PSN, and/or other services available.

In order to be eligible for PSN, the participant must be a CDCR parolee and:

- Must have a history of substance abuse.
- If a parolee is a registered sex offender, he or she is eligible for PSN as long as the provider meets the statutory requirements for housing and treatment of sex offenders.
- Must be absent of arson arrests/convictions for the past five years.
- Must have no serious psychosis that would prevent the individual from participation in a substance abuse program.

- Must not pose a threat to the physical safety of others.

### III. TREATMENT MODALITIES

#### A. DETOXIFICATION

Provide detoxification treatment services that address a parolee/participant's negative behavior associated with substance abuse. Link parolee/participant to a sustainable, long-term recovery plan in a residential program, leading to increased productivity, community involvement and healthy living. The average length of stay in a residential Detoxification Treatment Program shall be a minimum of three (3) days. Detoxification services provided shall include:

- Detoxification reception, intake and admission
- Food and Shelter
- Withdrawal assessment, detoxification observation, monitoring and supervision
- Referral, assistance for medical care and crisis intervention
- Referral to PSN Residential Treatment.

A person is considered to have successfully completed the Detoxification Program when she/he has finished the physical withdrawal process and accepts PSN program referrals to ongoing, long-term treatment services. A participant in Detoxification must be referred to residential treatment within the PSN system. If no beds are available upon completion of the Detoxification program, the participant will be placed on a waiting list and given priority status if the assessment determines that to be necessary.

#### B. NONRESIDENTIAL TREATMENT

Nonresidential Treatment services involve the provision of services to parolees (who shall hereafter be referred to as participants) through face-to-face interaction with program staff outside of the participant's residence. Within the Nonresidential Treatment Modality, there are submodalities of Nonresidential Relapse Prevention, Nonresidential Treatment, and Intensive Nonresidential Treatment. The treatment modality includes the following scope of activities:

- Habilitative and Rehabilitative Services
- Counseling – Individual/Family/Group
- Collateral Services
- Case Management
- Treatment Planning
- Recreation

##### Minimum Duration & Intensity

Participants determined to need only nonresidential relapse prevention shall receive a minimum of 2 to 3 hours of face-to-face activities scheduled over two to three visits per week. Nonresidential relapse prevention should only be utilized after a period of treatment services at a higher level of intensity.

Participants determined to need more than relapse prevention shall receive a minimum of 5 hours of face-to-face activities over at least three visits per week.

Participants determined to need intensive services in a nonresidential setting shall receive a minimum of 9 hours of face-to-face activities over at least three visits per week.

The participants shall be retained within program and/or modality for the minimum and/or maximum time period or number of visits specified in the treatment coordination plan.

### **Staffing Ratio**

For group activities, the ratio of clients to Substance Abuse Treatment Program Counselors shall not be greater than 15:1 as evidenced on group activity rosters.

### **Preclusions and Requirements**

Participants shall not be admitted to more than one program or modality at any given time.

**Exceptions:** participants in a Sober Living Environment require concurrent participation in Nonresidential Treatment or Nonresidential Day Treatment.

Parolees enrolled in Nonresidential Day Treatment, Residential Treatment, or who have completed an In-Prison Substance Use Disorder Treatment (IPSUDTP) Program is precluded unless Substance Abuse Services Coordination Agencies (SASCA) eligibility has expired or SASCA beds are not available. Participants shall not be admitted to programs offering these modalities until the participant is discharged from *Nonresidential Treatment*.

Treatment coordination is required upon participant's placement, and transition to a new modality, to ensure continuum of care and to prevent duplication of services.

## **C. NONRESIDENTIAL DAY TREATMENT**

Non-Residential Day Treatment services are intensive and structured nonresidential activities involving face-to-face interaction with designated program staff in which participants attend according to a planned and specified schedule. The scope of activities included in this modality are:

- Habilitative and Rehabilitative Services
- Counseling – Individual/Family/Group
- Collateral Services
- **Case Management**
- Treatment Planning
- Recreation

### **Minimum Duration and Intensity**

There shall be a minimum of four hours of continuous face-to-face individual and group activity scheduled for each participant per day.

Each participant shall be scheduled to participate at least five days per week, at least one of which shall be a Saturday or Sunday.

The participant shall be retained within the program for the minimum and/or maximum time or number of visits specified in the treatment coordination plan.

For group activities, the ratio of clients to Substance Abuse Treatment Program Counselors shall not be greater than 15:1 as evidenced on group activity rosters.

### **Preclusions and Requirements**

Participants shall not be admitted to more than one program or modality at any given time.

**Exceptions:** participants in a Sober Living Environment require concurrent participation in Nonresidential Treatment or Nonresidential Day Treatment.

Parolees enrolled in Non-Residential Treatment, Residential Treatment, or who have completed an IPSUDTP is precluded unless SASCA eligibility has expired or SASCA beds are not available.

Participants shall not be admitted to programs offering these modalities until the participant is discharged from *Nonresidential Day Treatment*.

Treatment coordination is required upon participant's placement, and transition to a new modality, to ensure continuum of care and to prevent duplication of services.

#### **D. RESIDENTIAL TREATMENT**

Residential Treatment is the provision of food and shelter in a community based facility in conjunction with intensive and structured activities. The activities involve face-to-face interaction with designated program staff and participant attendance according to a planned and specified schedule. The scope of activities included in Residential Treatment are:

- Habilitative and Rehabilitative Services
- Counseling – Individual/Family/Group
- Collateral Services
- **Case Management**
- Treatment Planning
- Recreation
- Food and Shelter

##### **Minimum Duration and Intensity**

There shall be a minimum of twenty hours of face-to-face individual and group activity for each participant scheduled from Mondays through Fridays.

There shall be a minimum of six hours of face-to-face individual and group activity scheduled on Saturdays and/or Sundays.

The participant shall be retained within the program for the minimum and/or maximum time period or number of residential days specified in the treatment coordination plan.

##### **Staffing Ratio**

For group activities, the ratio of clients to Substance Abuse Treatment Program counselors shall not be greater than 15:1 as evidenced on group activity rosters.

##### **Preclusions and Requirements**

Participants shall not be admitted to more than one program or modality at any given time.

**Exceptions:** Participants in a Sober Living Environment require concurrent participation in Nonresidential Treatment or Nonresidential Day Treatment.

Parolees enrolled in Non-Residential Treatment, Nonresidential Day Treatment, or who have completed an IPSUDTP are precluded unless SASCA eligibility has expired or SASCA beds are not available. Participants shall not be admitted to programs offering these modalities until the participant is discharged from *Residential Treatment*.

Treatment coordination is required upon participant's placement and transition to a new modality, to ensure continuum of care and to prevent duplication of services.

#### **E. ALCOHOL AND DRUG-FREE HOUSING/ SOBER LIVING ENVIRONMENT**

The Alcohol and Drug-Free Housing/Sober Living Environment modality consists of food and shelter in a residence which is self-governed by the participants and where no services or activities

are lead by program staff on-site. Participants pledge total abstention from alcohol and illicit drugs as a non-negotiable condition of their continued residence. Participants must also be admitted to and participate in Nonresidential Treatment or Nonresidential Day Treatment (Off grounds Group and/or Individual Counseling).

The scope of activities for this modality is:

- Food and Shelter

#### **Minimum Duration & Intensity**

The program shall be the participant's primary residence while enrolled in this modality.

The participant shall be retained in the program for the minimum and/or maximum number of days specified in the Treatment Coordination Plan.

#### **Staffing Ratio**

None

#### **Preclusions and Requirements**

Participants shall not be admitted to more than one program or modality at any given time.

**Exceptions:** Participants in a Sober Living Environment require concurrent participation in Nonresidential Treatment or Nonresidential Day Treatment.

Participation in Residential Treatment is precluded while the participant is in Alcohol and Drug-Free Housing.

Treatment coordination is required upon participant's placement, and transition to a new modality, to ensure continuum of care and to prevent duplication of services.

### **IV. DEFINITIONS**

#### **A. COLLATERAL SERVICES**

Collateral Services are services provided to persons who are significant in the emotional life of the participant by virtue of their relation to the participant through family affiliation, as a significant other, or as a member of an extended therapeutic community. Services are reimbursable if they are oriented to the treatment and personal recovery needs of the participant and included in the treatment plan. Contacts with individuals who are related to the participant by virtue of their office or profession, such as teachers, social workers, clergy, sponsors, correctional officers, and parole agents are not collateral services. Such contacts would instead be categorized as Treatment Coordination or **Case Management**.

#### **B. CASE MANAGEMENT**

Case Management Services include screening/assessment, placement referral, and follow-up to assess completion of treatment goals. Activities also include contacting outside agencies and making formal referrals for services outside the scope of comprehensive substance abuse services but identified in the participant's treatment plan as necessary to the participant's attainment of treatment goals. Such associated services include academic education, vocational training, medical and dental treatment, pre- and post counseling and testing for infectious diseases, legal assistance, job search assistance, financial assistance, childcare, and 12 step self-help programs.

#### **C. COUNSELING – INDIVIDUAL/GROUP/FAMILY**

Counseling is face-to-face interaction involving one or more substance abuse treatment counselors

and one or more participants and/or significant others focusing on the personal recovery of the participant(s). Individual counseling is a private meeting of a participant with one or more staff. Group counseling is a meeting involving more than one participant and one or more staff. Family counseling is a private meeting of a participant, one or more program staff, and one or more persons related to the participant through family affiliation or as a significant other. Interaction in individual, group, and family counseling, shall involve processing of individual or common group issues and themes, which may include anger management, criminal thinking and thinking errors, sexual abuse, domestic violence, death and grief, relapse prevention, or co-dependence.

#### **D. FOOD AND SHELTER**

Food and shelter is the provision of meals and sleeping arrangements in a 24-hour residential facility.

#### **E. HABILITATIVE AND REHABILITATIVE SERVICES**

Habilitative and Rehabilitative Services are structured and planned activities involving program staff and participants in traditional classroom or experiential learning regarding practical life and social skills. Subjects shall include, but are not limited to, the following: job preparation, application, interview and retention skills; managing finances; maintaining health, personal hygiene, and appearance; obtaining educational and vocational training; building and maintaining socially supportive relationships; obtaining housing and social services; recognizing and preventing substance abuse relapse; avoiding violence and criminal activities; recognizing and changing self-defeating thinking and behavior patterns; nutrition, meal planning and food preparation; parenting skills, and obtaining child care.

#### **F. RECREATION**

Activities are provided at the program, organized and led by program staff, or by program participants with staff supervision. Activities are intended to teach social interaction skills and productive use of leisure time without engaging in substance abuse or criminal behaviors.

#### **G. TREATMENT PLAN**

A written document consisting of the following elements: participant's first and last name, CDCR number, program name and California Outcomes Measurement System (CalOMS) fiscal program identification number, treatment goals, progress notes, and specific services and activities. For each service and/or activity the beginning and ending dates including frequency are required. The following signatures/dates are required on each participant's treatment plan: participant, substance abuse treatment program counselor, parole agent, and **case management** services coordinator.